

DEPARTMENT OF AGING

1300 NATIONAL DRIVE
SACRAMENTO, CA 95834
Internet Home Page: www.aging.ca.gov
TDD Only 1-800-735-2929
FAX Only (916) 928-2509
(916) 419-7555



June 6, 2008

Kathy Hassett, Deputy Director
Area Agency on Aging
Merced County Senior Service Center
851 West 23rd Street
Merced, California 95340

Dear Ms. Hassett:

Enclosed is the final report issued by the California Department of Aging (CDA), which summarizes the onsite comprehensive assessment of the Area Agency on Aging (AAA) for Planning and Service Area (PSA) 31. CDA staff conducted the assessment from February 4-7, 2008. The purpose of the assessment was to review the Administrative, Fiscal, and Program components of your direct and contracted Title III/VII, Title III E, Title V, and Community-Based Services Programs (CBSP).

The format of the report contains four specific sections that include: Recap/Overview of Monitoring Visit, Best Practices or Models of Service Delivery, Technical Assistance, and Findings and Corrective Actions.

On April 7, 2008, CDA sent the AAA a Report of Findings and Corrective Actions and a Corrective Action Plan (CAP) in an electronic format requesting the AAA, within 30 days, to identify the actions it planned to implement to ensure substantial compliance with all statutory language and program standards that were identified in the CAP. We are currently reviewing the submitted CAP and will notify the AAA when the review is complete, if any additional actions are required, or if the CAP is approved as submitted.

We would like to thank you, your staff, the Chair of the Governing Board, and the Chair of the Advisory Council for all the assistance and hospitality during our visit. For your convenience we have enclosed two copies of this report. Please provide a copy to your Governing Board Chair and your Advisory Council Chair.

CDA will conduct a comprehensive assessment of your agency again in 2012. In the meantime, please do not hesitate to contact us should you or your staff have questions regarding the administration of programs funded through the Older Americans Act or Older Californians Act.

Sincerely,

Geri Baucom, Acting Policy Manager
Monitoring Protocol Team

Enclosures

cc: John Pedrozo, Chair, Governing Board

Les Papazian, Chair, Advisory Council

Lynn Daucher, Director
California Department of Aging

Edmond P. Long, Acting Deputy Director
Long-Term Care and Aging Services Division

**AREA AGENCY ON AGING
MERCED COUNTY SENIOR SERVICE CENTER
PSA 31**

**REPORT OF THE
COMPREHENSIVE ASSESSMENT VISIT**

**Conducted by the
California Department of Aging
February 4-7, 2008**

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- **Recap/Overview of Monitoring Visit**
- **Best Practices or Models of Service Delivery**
- **Technical Assistance**
- **Findings and Corrective Actions**

The onsite assessment of the Area Agency on Aging (AAA) was conducted by staff of the California Department of Aging (CDA) from February 4-7, 2008. Staff present were Geri Baucom, Acting Policy Manager and Coach, Fiscal and Contracts; and Program Specialists, Sandi Hartsock and Tasha Wilson (Administrative); Vern Foster (Fiscal); Denny Wight (Title III B Supportive Services); Scott Crackel (Title III B Information and Assistance and Disaster Preparedness); Kathleen Hendrickson (Alzheimer's Day Care Resource Center and Linkages); Andrea Bricker (Elderly Nutrition Program, Title III D Disease Prevention and Health Promotion, Brown Bag, and Senior Nutrition Farmers Market); Joel Weeden (Title III E Family Caregiver Support Program); Cecilia Perez Dunn (Title V Senior Community Service Employment Program); and Carol Berul (Health Insurance Counseling and Advocacy Program). CDA staff monitored administrative, fiscal, and specific program standards required by the Older Americans Act (OAA) and Older Californians Act (OCA).

This report includes:

- Recap of the standards monitored during the visit.
- Recognition of best practices or models of service delivery discovered during the monitoring visit that will be shared with the aging network by posting a notice on CDA's website.
- Documentation of the technical assistance on specific program standards provided to the AAA during the monitoring visit.
- Findings and Corrective Actions.

RECAP/OVERVIEW OF MONITORING VISIT

This section provides a recap of the standards monitored during the visit and the recognition of the AAA staff that assisted CDA to accomplish its work.

AAA Administrative Review

Governing Board

Merced County is the approximate geographical center of California. The County is bordered on the east by Mariposa County, on the south by Madera and Fresno Counties, on the west by San Benito and Santa Clara Counties, and on the north by Stanislaus County. Planning and Service Area (PSA) 31 is a single county PSA, designated as an AAA in 1979.

Geri Baucom, Sandi Hartsock, and Tasha Wilson met with John Pedrozo, District One Supervisor, and Kathy Hassett, Deputy Director, to determine if the Governing Board, as the policy-making body of the AAA, recognizes and fulfills its roles and responsibilities as required by all regulations, laws, and contracts. The Governing Board of the AAA is the five-member Merced County Board of Supervisors. The Board of Supervisors, Advisory Council, and AAA have a good working relationship. It takes approximately six weeks to bring an issue in front of the Board. The AAA formally presents the Area Plan and AAA Contracts for review and approval at Board Meetings. These meetings are an open forum and people in the community are comfortable attending and expressing their needs and concerns.

Supervisor Pedrozo attends Advisory Council meetings or sends a representative to ensure an ongoing and open dialogue occurs between both entities. The Board of Supervisors supports Senior Clubs throughout the County and often serve food at Senior Events. The Board understands its responsibility to the AAA and the Advisory Council in developing a coordinated community-based system of care and is committed to providing services for seniors and the disabled living within the PSA.

Advisory Council

Geri Baucom and Sandi Hartsock met with Kathy Hassett, Deputy Director, and Les Papazian, Advisory Council Chair, to determine if the Advisory Council is provided the opportunity to (1) advise the AAA on all matters related to the development and administration of the Area Plan and all operations conducted under the plan, and (2) further the AAA's mission of developing a community-based system of care for older persons living within the PSA.

The Advisory Council consists of members appointed from each of the five Supervisorial Districts, Senior Clubs throughout the County, the general public, and one member from each service provider.

The Council members work is two-fold. During Advisory Council meetings, senior issues identified at the Senior Clubs around the county are discussed. Issues brought in front of the Advisory Council and the decisions made are then shared with the Senior Clubs. The Advisory Council works closely with the AAA and is an advocate for the seniors in Merced County.

Staffing and Organization

Tasha Wilson met with Kathy Hassett, Deputy Director, and Jaz Chima, Staff Services Analyst II, to determine if the AAA has an adequate number of trained staff to administer programs to older individuals living within the PSA. Duty statements, desk manuals, and the Personnel Procedures Manual were reviewed, and it was apparent that personnel practices and procedures have been established and are well maintained. In addition to formal new employee training, AAA staff receive monthly program and service related training to ensure staff are familiar with the numerous services available within the PSA.

Procurement/Contract Process

Sandi Hartsock met with Jaz Chima, Staff Services Analyst II, and Arthur Boyd, Contracts Analyst, to determine if the AAA has established systematic procedures for the award and administration of contracts in the Area Plan and to ensure the AAA awarded contracts through an open and competitive process. All documentation for this standard was reviewed. The latest RFPs were issued in May 2007 for Alzheimer's, Family Caregiver Support Program, and Senior Companion. There were no grievances or appeals filed as a result of the RFP process.

Area Plan Achievement

Tasha Wilson met with Kathy Hassett, Deputy Director, to determine if the AAA has a process for monitoring and tracking the progress of goals and objectives in the current approved Area Plan. Fiscal, program, and data staff work collaboratively to develop the Area Plan. The progress on all goals and objectives is discussed at monthly staff meetings, and goals that are tied to the SUP are tracked by program and fiscal staff through the service provider monthly expenditure report. If adjustments are necessary, they are made at the monthly staff meetings. To make a major change during the fiscal year, the AAA has a process in place that involves review by the Deputy Director, Advisory Council, Governing Board, and the public before submission to CDA.

Targeting/Needs Assessment

Tasha Wilson met with Kathy Hassett, Deputy Director, and Jaz Chima, Staff Services Analyst II, to determine if the AAA conducts a needs assessment once every four years and targets services to older individuals with the greatest economic or social needs with particular attention to low-income, minority individuals who live within the PSA. In May 2006, the AAA conducted a Baby Boomer Survey of area residents. This survey was made available in an online format as well as a paper version. The AAA received 535 online responses and 174 mailed responses. The data indicated the Baby Boomer population has different needs than what the AAA is used to. The top three needs

identified were health promotion activities/exercise programs, health insurance counseling services, and information services. In November 2007, the AAA was involved in a survey to identify the needs of Southeast Asian seniors in Merced County. This survey was a collaborative effort by the Southeast Asia Resource Action Center, the AAA, and Merced Lao Family. The AAA also continues to promote services to targeted populations through wide distribution of Senior Resource directories, advertisements on bilingual radio and in bilingual periodicals, and outreach efforts to rural areas using the InfoVan.

Community-Based System of Services

Tasha Wilson met with Kathy Hassett, Deputy Director, to determine if the AAA is proactively providing leadership in the development of a comprehensive and coordinated community-based system of services by building and maintaining partnerships with public, private, voluntary, religious, and fraternal organizations. The AAA actively works with outside organizations and agencies. Its service delivery system is well-known in the community through events such as Senior Recognition Day and the St. Patrick's Health Fair and through targeted outreach conducted at nutrition sites, Senior Clubs, faith based organizations, senior apartments, and County hospitals. The AAA is integrated with Adult Protective Services, Veterans Services, Public Guardian, Medi-Cal, and IHSS. Program staff provide updates at monthly meetings which ensures staff is aware of all available services and helps facilitate referrals between programs to better serve seniors living within the PSA.

Management of Service Providers

Tasha Wilson met with Maria Nava, Program Manager, to determine if the AAA effectively communicates with, disseminates policies to, and monitors its service providers. The AAA disseminates information to service providers by phone, email, and written communication. One-on-one training is provided to service providers and technical assistance is given at annual service provider meetings. Ms. Wilson reviewed the monitoring schedule and service provider files and found annual monitoring was conducted. Monitoring reports include findings, recommendations, and timelines for corrective actions; and the AAA documents service provider responses and follow-up. The AAA also tracks the service providers activity level. If units of service fall below expectations for three consecutive months, the AAA begins discussions with the service provider and implements a plan so the service provider funding level stays on track.

Data Reporting

Sandi Hartsock met with Jaz Chima, Staff Services Analyst II, to ensure data reporting processes are in place at all levels in order to improve quality. The AAA uses the Care Access system and submits timely and accurate reports to CDA on a consistent basis. The AAA conducts training on a regular basis for their service providers. The latest training focused on Activities of Daily Living (ADL) and Instruments of Activities of Daily Living (IADL) as it relates to Nutrition Risk.

AAA Fiscal Review

Vern Foster met with new Fiscal Officer Yorel Purl-Calderon, Staff Fiscal Analyst, and Michelle Magnuson, Accounting Technician, to review the fiscal systems of the AAA. Financial standards reviewed were Financial Reporting, Budget Control, Allowable Costs, Internal Control, Accounting Records, and Cash Management. Mr. Foster spent considerable time with fiscal staff providing guidance and technical assistance in an effort to improve their understanding of CDA's fiscal requirements. Mr. Foster also reviewed service provider contract language for fiscal requirements. AAA fiscal staff use the County's Mainframe accounting system as well as Excel spreadsheets for reporting and tracking salaries and wages, expenditures, and funding sources. Ms. Magnuson uses Care Access to process and submit monthly reports to CDA. AAA staff maintain an organized file of supporting documentation.

Specific Program Reports—Older Americans Act Programs

Title III B—Supportive Services (General)

Denny Wight met with Jaz Chima, Staff Services Analyst II, to review the Title III B Monitoring Tool completed prior to the onsite assessment. The major areas discussed included the development of community-based services, program operations, and administrative programmatic procedures. The AAA maintains proper documentation for its Title III B operations.

Mr. Wight visited Merced County Transit (MCT), with whom the AAA contracts for the Title III B Transportation program. The MCT distributes free bus passes to eligible seniors. Mr. Wight met with Janet Kasper, Staff Services Analyst, to discuss the operation of the program and review samples of files containing back-up documentation for units of service reported to the AAA. MCT uses a computerized system to record one-way trips taken by seniors using the free bus passes.

Title III B—Information and Assistance (I&A)

Scott Crackel and Denny Wight met with Rick Bungcayao, Program Manager; Maria Nava, Program Manager; Jaz Chima, Staff Services Analyst II; Bonny Northcutt, I&A Representative; and Joyce Giampretro, I&A Representative, to assess the I&A program and to discuss I&A service delivery. The AAA is the direct provider of I&A services for Merced County. The assessment included a review of the I&A monitoring tool and the computerized I&A log-in and follow-up management systems.

Mr. Crackel and Mr. Wight met with Kathy Hassett, Deputy Director, to discuss the Emergency and Disaster Preparedness Program. Mr. Crackel and Mr. Wight reviewed the Emergency and Disaster Preparedness training plans and disaster preparedness training literature which was distributed and targeted to managerial level staff. In addition, Mr. Crackel and Mr. Wight reviewed Elder Care, a Resource Guide for Services in Merced County distributed by the Merced Sun-Star Newspaper.

Title III C—Elderly Nutrition Program (ENP)

Andrea Bricker, Registered Dietitian, (R.D.), conducted an assessment of the ENP. Jo Ann Morrison, R.D., AAA Consultant; Maria Nava, Program Manager; Su Briggs, Deputy Director of Programs of the Merced County Community Action Agency (MCCAA); and Marlene Murphy, Assistant Program Manager of the MCCAA, each provided their time and assistance in completing a review of the nutrition programs.

Ms. Bricker conducted an onsite inspection of the MCCAA including a review of the central kitchen and ENP menu compliance with Dietary Reference Intakes. Also reviewed was the quarterly kitchen monitoring reports, ENP policies and procedures, AAA assessment tool for the annual ENP review, corrective action plans, nutrition education system, staff and volunteer in-service training, donation requests, ENP request for proposals and contacts, and ENP participant survey results.

Ms. Bricker visited two congregate meal sites: Merced Cherish and Atwater Cherish. Ms. Bricker was accompanied by Ms. Nava, Ms. Morrison, and Dana Jackson, Site Coordinator at the Merced Cherish site. Ms. Bricker also met with Shirley Sanders, Site Coordinator at the Atwater Cherish site.

Title III D—Disease Prevention and Health Promotion

Andrea Bricker met with Kathy Hassett, Deputy Director, and Jaz Chima, Staff Services Analyst II, to discuss the Title III D Disease Prevention and Health Promotion program. The AAA contracts with the Merced County Arts Council and Los Banos Arts Council to provide activities that focus on physical activity. Classes provided include watercolor, line dancing, vocal health, yoga, woodworking, quilting, swing dancing, drawing, and rhythm strength training. In addition, two senior health fairs are provided within the county annually.

The Medication Management program is provided by the Merced County Public Health Department (MCPHD). The MCPHD Public Health Nurse provides medication management services to individuals 60 and over who are identified as having difficulty managing their medication. Examples of services provided by the MCPHD include review of medication, education, distribution of pill organizers, and referrals to physicians if contraindications are identified.

Senior Farmers Market Nutrition Program (SFMNP)

Andrea Bricker met with Rick Bungcayao, Program Manager, to discuss the SFMNP. A binder with all the elements to be reviewed was provided by the AAA. Ms. Bricker reviewed the monitoring tool and the SFMNP binder and found the program information complete and organized.

Title III E—Family Caregiver Support Program (FCSP)

Joel Weeden appreciated the AAA's team approach in assisting with his FCSP review. Kathy Hassett, Deputy Director, and her staff share in the commitment to deliver an effective and efficient system of caregiver support services. Jaz Chima, Staff Services

Analyst II, served as the primary contact for review of the FCSP-related planning, procurement, and service provider oversight. Maria Nava, Program Manager, addressed the AAA's community coordination and systems approach for FCSP. Rick Bungcayao, Program Manager, was the AAA liaison during the FCSP provider site visit, which assessed the AAA implementation of FCSP service requirements.

The site visit interview was conducted with Margery Minney, Valley Caregiver Resource Center (CRC) Director, who was joined by Diane Aznar, Family Caregiver Consultant. The FCSP provider spoke highly of the AAA's support for the local aging network and appreciation of unpaid family caregiver support networks. The AAA is unique in relying on only one service provider to address FCSP needs. As a CRC, primary support comes from California Department of Mental Health, which provides an annual allocation of State General Funds. Since FCSP expectations differ from CRC policies, the AAA works closely with the FCSP service provider to ensure costs are reasonable and allocable between the two programs.

Specific Program Reports—Older Californians Act Programs

Health Insurance Counseling and Advocacy Program (HICAP)

Carol Berul met with Mary Lou Johnson, HICAP Program Manager, and Rick Bungcayao, Program Manager, to review the AAA's direct HICAP services. Ms. Berul reviewed multiple areas of the program, including the HICAP monitoring tool, client intake forms, the counselor disclosure statement, counselor training documentation, registration, and other required counselor forms.

In addition, Ms. Berul reviewed Program Manager responsibilities, authority and time allotment for managerial duties; HICAP legal services definitions and budget allotment; management of open client cases, client satisfaction follow-up, and IT skills; HICAP #800 line verification; HICAP budget; mental health budget and related program activities; the HICAP Events Calendar; Program Memos; bilingual language capability; and other areas relevant to the daily functioning of the HICAP.

Alzheimer's Day Care Resource Center (ADCRC)

Kathleen Hendrickson, Denny Wight, and Scott Crackel, met with Maria Nava, Program Manager, to review the ADCRC program. Day Out, operated by Alz Care, Inc., is the only ADCRC program in Merced. This is an Adult Day Health Care (ADHC)/ADCRC center licensed by the Department of Public Health. Bob O'Brien, co-owner of Alz Care, Inc., conducted a tour of the ADCRC. Formerly a skating rink, this site was renovated by Alz Care, Inc., to provide a separate craft/activity area, lunch area, and a separate room for ADCRC participants. The ADCRC participants join the ADHC participants in their activities when appropriate.

Ms. Hendrickson reviewed the Contract, RFP, and monitoring of the ADCRC program. There were no problems identified with the contract or RFP. The most current monitoring of the program was conducted on March 14, 2007, by Rick Bungcayao,

Program Manager. There were five findings identified during that monitoring. Alz Care, Inc., sent a follow up letter dated May 23, 2007, indicating the problems had been fixed. Other documentation in the file indicated the site has been monitored yearly using the ADCRC Core Elements tool.

Linkages

Kathleen Hendrickson monitored the direct Linkages program, located at Adult Services of Merced County, by reviewing the Self Assessment tool and two client charts using the Chart Review tool. Following the review, Ms. Hendrickson met with Jim Bunnell, Linkages Program Supervisor; Linda Nicholas, Site Director; and Kathryn Rodrigues, and Linda Lewis, Care Managers; to discuss findings and recommendations.

Ms. Hendrickson found the Linkages Program to be an excellent example of good care management and Linkages staff dedicated to their clients. Ms. Nicholas set up the original Linkages Program for PSA 31 and is very knowledgeable in the history of the Linkages Program.

BEST PRACTICES OR MODELS OF SERVICE DELIVERY

Best practices or models of service delivery discovered during the monitoring of AAAs are being identified by the Department to share with the aging network and other agencies or individuals interested in developing senior services in their community.

Listed below are either best practices or models of service delivery identified during the monitoring visit conducted by the Department and discussed at the Exit Conference. We will place on CDA's website, a reference of your best practices or models of service delivery along with the AAA staff you select to provide guidance to individuals seeking information on specific activities, programs, and services.

Title III C—Elderly Nutrition Program (ENP)

Fundraising

The AAA is planning to open a for-profit deli in the Spring of 2008 to financially assist its non-profit operations. CDA encourages ENP providers to support programs by supplementation of funds to meet the needs of the ENP.

Title III D—Disease Prevention and Health Promotion

Use of a Public Health Nurse for Medication Management Services

The AAA has an agreement with the local Public Health Department to provide a Public Health Nurse for medication management services. The Public Health Nurse provides a variety of medication management services including review of medications, education, distribution of pill boxes, and referrals to physicians. This is a good example of how county agencies can collaborate with local agencies to provide an effective service to seniors who are at risk of medication poisoning.

Health Insurance Counseling and Advocacy Program (HICAP)

InfoVan for HICAP Outreach and Assistance

HICAP recently retro-fitted and equipped the InfoVan with technological resources to provide client education, outreach, and enrollment in Medicare Plans in remote areas. HICAP staff use this resource effectively, visiting shopping malls, grocery stores, and other areas where Medicare beneficiaries are hard to reach. It has become a valuable outreach and assistance tool in this very rural county, and the staff has developed multiple strategies to maximize its utilization and productivity.

Linkages

Activities of Daily Living (ADL)/Instrumental Activities of Daily Living (IADL) Checklist Included on Intake Form

An ADL and IADL checklist is included on the Linkages Intake form. Including ADL and IADL information on the Intake form provides an easily accessible and complete picture of the client to the supervisor and care manager when they receive the Intake Referral.

Voter Registration Form Provided During the Assessment and Reassessment Process

Linkages clients often do not have the opportunity to register to vote or may be confused by the process of registering. Linkages staff include a Voter Registration Form in the assessment and reassessment process which provides clients with the opportunity and assistance to register.

Equipment Agreement Form

An Equipment Agreement form is used when clients receive equipment purchased by the Linkages Program. This form is a written reminder that the Linkages Program owns the equipment. At the time of a client's hospitalization or death, this form assists the care manager and the family in identifying the equipment to be returned to the Linkages program.

TECHNICAL ASSISTANCE

One purpose of the monitoring visit is for CDA staff to provide technical assistance to AAA staff on specific program standards that did not rise to the level of a finding that would require formal corrective action. Detailed below is specific technical assistance provided during the monitoring visit.

AAA Administrative Review

Procurement/Contract Process

Complete service provider files are maintained in the County Contracts Unit. At the AAA, they maintain a service provider file but it does not include the certificates of insurance. CDA staff recommended the AAA maintain a copy of the insurance in their file in order to monitor the insurance renewal dates and have a complete file at the AAA level.

AAA Fiscal Review

The AAA's Chore provider contract was reviewed at the AAA's request. AAA Linkages staff determine eligibility, refer clients to the service, and perform follow-up of services rendered. This activity would be considered a "Vendor Agreement", a direct service of the AAA. Once determined, CDA staff worked with AAA fiscal staff to revise the Area Plan budget to reflect Chore as a direct service.

AAA staff was not clear on how to split Program Wages costs between federal and State General funds. Guidance was given on how to revise the current distribution formula used by AAA staff.

The Nutrition service provider submitted a budget that did not include the agency name, contract number, or fiscal period. CDA staff suggested AAA staff verify all fiscal documents have completed service provider information before approving them.

The AAA has an excellent spreadsheet for tracking service expenditures and advances received. This spreadsheet lacked a column to track balance of funds (cash) available. Currently, funds available are tracked on a separate spreadsheet. CDA staff suggested a column be added to the current spreadsheet to track balance of funds available. This change would help the AAA monitor all financial activities: budgets, expenditures, and cash advances on one spreadsheet.

Contracts reviewed contain service provider budgets varying in format, detail, and type of costs. Issuing pre-printed forms to service providers is recommended to ensure only allowable costs are budgeted and later charged to the program. CDA staff suggested AAA staff create and distribute pre-printed budget forms to contracted service providers.

New AAA fiscal staff were unsure of the approval process for Legal contractor invoices. Although the process for approving Legal Services invoices was explained, CDA staff suggested fiscal staff update their desk manuals to include all approval processes and document new procedures as they are implemented.

Not all AAA service provider contracts contain closeout requirements. A closeout form and instructions are currently mailed to each service provider prior to the closeout due date. CDA staff suggested that all contracts contain language stating the closeout requirements including due date, signature requirements, and required forms.

Title III B—Information and Assistance (I&A)

Information and Assistance as Correct Service Category

The AAA was advised that the current OAA service category is “Information and Assistance” not “Information and Referral”.

Tracking Unmet Needs

The AAA should track unmet needs more systematically, in order to make optimal use of resources and planning. Orange County Office on Aging and Aging and Independence Services were cited as AAAs utilizing good automated systems for tracking unmet needs.

AIRS Certification and Training

CDA staff encouraged the AAA to promote Alliance of Information and Referral Systems (AIRS) certification of the I&A Representatives within the PSA. The AAA was provided the following training resources:

- Title 22 Regulations pertaining to I&A;
- National Association of State Units on Aging (NASUA) Support Center and Online Guide for Developing Aging Competencies for Information and Referral/Assistance Specialists;
- AoA's Vision 2010: Towards an Aging Information Resource System for the 21st Century;
- AIRS Assessment and Implementation Guide; and
- AIRS Standards for Professional Information and Referral.

Title III C—Elderly Nutrition Program (ENP)

Contract/Request for Proposal (RFP) language

The AAA ENP RFP and contract referenced the California Uniform Retail Food Facilities Law (CURFFL) and the United States Department of Agriculture (USDA) and must be revised to reflect the following:

- Change CURFFL to California Retail Food Code (CRFC).
- Change USDA reimbursement to Nutrition Services Incentive Program (NSIP).

Title III E—Family Caregiver Support Program (FCSP)

Enhance Public Information Materials to Promote FCSP

In order to reach fragile unpaid caregiver support networks before their collapse, the AAA needs to ensure that FCSP-related public information acknowledge that these family members and friends are valued, have a choice and a voice, and require support. The Merced County website does not reflect the OAA intent for FCSP. The Elder Care resource guide features “caregiving” as its first chapter, but then limits support to just adult day care and respite. The excellent, newly revised FCSP provider website does not acknowledge the provision of FCSP services. A good source for enhanced language can be found in the FCSP application by Valley Caregiver Resource Center.

Ensure One-Time-Only (OTO) Funding Does Not Increase Baseline Expectations

The AAA was reminded that FCSP-associated OTO funds must be used for FCSP eligible purposes and cannot be used to meet baseline needs, which could result in an increase in baseline expectations. For example, caregiver-related training video costs should reflect utilization levels by FCSP-eligible caregivers, with paid worker use allocated to a different funding source. One-time community education events, if CDA approved, are an effective way to use OTO funds for enhancing the community’s understanding of the unpaid family caregiver role. OTO respite could be offered in association with the community education event to allow a caregiver to attend. However, it would not be appropriate to use OTO funds to expand caregiver training, offer support groups, or respond to immediate respite needs.

Health Insurance Counseling and Advocacy Program (HICAP)

Client Intake Form

Specific data fields were reviewed including client demographic information, time matrix, counselor signatures, disclosure statement, and case summaries. CDA staff noted errors were corrected in documents by using white-out. The preferred method is to cross out the error and initial the change.

Procedures for Closing Lengthy Cases

HICAP is currently closing cases prior to resolution when documentation from other agencies (e.g., SSA) is required and a lengthy time frame is anticipated. The cases are then reopened when/if the client returns with the necessary documents. This practice could lead to inadvertent duplication in data reporting and a failure to resolve the client’s presenting problem as there is no consistent system in place to ensure follow-up on these cases. To prevent these potential problems, the case should remain open until all work is completed, unless the case extends beyond one year. Cases extending beyond one year should be closed and then reopened as described in the HICAP Program Manual, Section 4.1.

Quarterly MIS Reports and Tracking of Data

A more efficient system for tallying data from the Intake Form onto the Quarterly Report Form was proposed and reviewed. The State HICAP office will be providing regional

trainings on the new Intake and Aggregate Forms and the HICAP staff, AAA Supervisor, and volunteers were encouraged to attend both trainings.

IT Proficiency

CDA staff suggested the HICAP staff request advanced training from the AAA on data-based programs such as Excel, as well as management of the various features of the Outlook program.

Counselor Training

CDA staff recommended the program implement a more efficient system for tracking Counselor initial and ongoing training.

Client Follow-Up

To promote quality assurance and client satisfaction, CDA staff recommended the HICAP staff provide post-counseling follow-up on randomly selected closed cases.

Carryover Funds

CDA staff discussed the HICAP budget with the HICAP Program Manager and AAA HICAP Supervisor, and recommended expenditures be tracked through the year to avoid incurring a large amount of carryover funds into the next fiscal year.

Mental Health Funds

CDA staff discussed budget reporting requirements and possibilities for effective utilization of the 5% federal funding for mental health dual beneficiary Part D HICAP counseling.

HICAP Legal Services Reporting

Criteria for HICAP legal referrals and implementation of an appropriate tracking system for HICAP legal cases were discussed.

Internet Sites Relevant to HICAP

CDA staff reviewed the new CDA website with the HICAP staff; assisted the HICAP Program in signing up for CDA Program Memos; discussed the importance of making local program events entries on the HICAP Events Calendar; and discussed SHIPTalk.org.

Phone Greeting

As the HICAP phone is answered by the AAA receptionist, CDA staff suggested that the greeting include a brief description of the HICAP Program, to assist callers who may be unaware of available HICAP services.

Program Manager Time Allotment

CDA staff recommended that the HICAP Program Manager do a time study of program management hours as compared to counseling hours, to assure that sufficient time is allotted for effective management of the HICAP staff and volunteers.

Alzheimer's Day Care Resource Center (ADCRC)

Follow-Up Visits for Findings Requiring Facility Repair

If during a monitoring visit AAA staff determines that facility repairs are needed, CDA staff recommended AAA staff conduct a follow-up visit to assure the repairs have been made.

Correct RFP and Contract Language

CDA staff reviewed the ADCRC RFP and Contract and found language that states the ADCRC is exempt from licensing. CDA staff informed AAA staff that this language should be removed from the RFP on page 8 Section (d)(1) and the Contract on page 14.

Service Provider Data Collection

The ADCRC service provider is currently including a client's social security number in their data reporting. CDA staff suggested the AAA investigate if this information is required to determine if the service provider is collecting appropriate information.

Linkages

Care Plan Addendum

CDA staff recommended the AAA add signature lines to the Care Plan Addendum form for the care manager and supervisor. Include information on the Care Plan Addendum that indicates that the additional care plans were discussed with the client.

FINDINGS REQUIRING CORRECTIVE ACTION

This report details the specific findings that led to the corrective actions specified in the Official Notice of Required Corrective Actions presented to AAA staff at the February 7, 2008, exit conference conducted by the Department. A response is due to the Department within 30 days from the date of the letter transmitting this report.

AAA Administrative Review

Advisory Council

CDA staff reviewed the Merced County Advisory Council bylaws. Although the Advisory Council follows Robert's Rules of Order for its meetings, the bylaws were missing several key processes. Adding these missing processes will ensure policies and procedures of the Advisory Council are documented and will stand up to any challenges.

Corrective Action: Ensure the Advisory Council bylaws include:

- An appeals process;
- Requirements regarding meeting notices;
- Procedures for calling meetings; and
- A Conflict of Interest statement.

California Code of Regulations (CCR) Section 7302(a)(12) states that the composition of the Advisory Council shall include minority individuals in proportion to the percent of the population in the community who are eligible to participate in the program. The Advisory Council lacks sufficient representation from the Hispanic community. This leaves the Council with reduced representation on issues that impact individuals in this ethnic group.

Corrective Action: Recruit Advisory Council members that represent the ethnic composition of the community with particular emphasis on recruiting Hispanic individuals.

Staffing and Organization

CCR Section 7318(h)(1) requires AAAs to submit budgets that include a schedule of paid personnel costs by position title and funding category. To verify accuracy of this information, CDA staff reviewed the AAA's current organizational chart that details each employee's name, title, and percent of full-time equivalent assigned to each position. The current AAA organizational chart does not agree with the personnel pages of the Area Plan Budget.

Corrective Action: Ensure the organizational chart includes full-time equivalents by funding source and agrees with the personnel pages of the Area Plan Budget.

Procurement/Contract Process

Section I—Request for Proposal (RFP)

CCR Section 7354(b)(3) specifies the RFP must include an estimate of the funding available and Section 7354(b)(8) specifies the RFP must include an estimate of the minimum number of units of service to be provided and the definitions of those unit measurements. CDA staff reviewed the AAA's latest RFP and determined it did not include an estimate of the funding available or minimum number of units of service.

Corrective Action: Ensure the RFP specifies an estimate of available funding and minimum service unit performance.

Section II—Contracts

CDA's Standard Agreement contains specific language that must be included in service provider contracts. CDA staff reviewed the AAA's contract language and determined it contained some, but not all required language. To assist AAAs in meeting this requirement, an electronic version of CDA's Standard Agreement is provided to AAAs each year.

Corrective Action: Ensure all service provider contracts contain the same applicable provisions specified in CDA's Standard Agreement, including but not limited to:

- A transition plan;
- A written grievance process for reviewing and attempting to resolve complaints of older individuals;
- Definition of and uses for Program Income; and
- Language regarding soliciting voluntary contributions.

Management of Service Providers

Section 315(b)(3) of the OAA prohibits AAAs and service providers from denying an OAA service to any individual who does not contribute to the cost of a service. The AAA did not have mechanisms in place to confirm that all participants were given the opportunity to contribute and participants were aware that services would not be denied if they did not contribute.

Corrective Action: Require service providers, when soliciting voluntary contributions, to inform participants that services will not be denied to any participant who does not contribute to the cost of the service.

AAA Fiscal Review

Financial Reporting

OMB Circular A-87(B)(11)(h)(4) states "where employees work on multiple activities or cost objectives, a distribution of their salaries or wages will be supported by personnel activity reports or equivalent documentation." The AAA provides III B I&A and Outreach

as direct services and currently has one staff, Maria Nava, working in both programs. Ms. Nava is not tracking her time spent on Outreach activities separate from I&A.

Corrective Action: Ensure staff track actual time for each direct service.

AAAs must establish and maintain a financial reporting system that reflects accurate, current, and complete disclosure of the financial activities of the AAA and its service providers pursuant to 45 Code of Federal Regulations (CFR) Part 92.20(b)(1). The AAA did not have supporting documents for direct III B Outreach program costs reported to CDA for November 2007. Fiscal staff were allocating a portion of Maria Nava's I&A costs to Outreach. According to Ms. Purl-Calderon the current system for salaries isn't capable of tracking and reporting Outreach costs.

Corrective Action: Develop a system to track and report actual expenditures for direct services.

AAAs must establish and maintain a financial reporting system that reflects accurate, current, and complete disclosure of the financial activities of the AAA and its service providers pursuant to 45 CFR Part 92.20(b)(1). On the November 2007 CDA 151 Expenditure Report, the AAA reported Nutrition Education costs. However, the monthly invoice submitted by the Nutrition service provider did not include Nutrition Education costs. AAA staff allocated a portion of meal costs to Nutrition Education when reporting expenditures to CDA.

Corrective Action: Ensure service providers report monthly expenditures for each funded service category.

Corrective Action: Discontinue reporting estimated monthly expenditures for Nutrition Education and Outreach.

According to 45 CFR Part 92.20(b)(2), AAAs must maintain records which adequately identify the source and application of funds provided for financially-assisted activities. Family Caregiver service provider invoices did not include a place to report Non-Matching Contributions or Program Income.

Corrective Action: Re-design the service provider monthly expenditure report to allow for the reporting of Non-Matching Contributions and Program Income. (Repeat finding, March 2003)

CDA's Area Plan Standard Agreement, Exhibit A, Article II(A)(15) requires AAA's to annually conduct onsite program and fiscal monitoring; evaluate, and document subcontractor performance. Fiscal staff are not currently conducting annual onsite fiscal monitoring.

Corrective Action: Conduct annual fiscal monitoring for all contracted services, complete monitoring reports, and follow up on any corrective actions.

Budget Control

According to 45 CFR Part 92.20(b)(4) actual expenditures must be compared with budgeted amounts for each grant or subgrant. The AAA uses a combined contract for service providers who provide multiple services. These multi-service contracts do not identify specific funding amounts for each service. In addition, Nutrition and Family Caregiver service provider contracts each contain multiple service categories; however, there is a single budget attached to the contract combining all services. CDA staff was unable to identify budget information for each service provided. Title III C-1 Congregate and III C-2 Home Delivered services are contracted for separately, using the same provider. Both contracts had an identical budget attached that included Title III C-1 and III C-2 costs. Budgets must contain only costs specific to the services being provided under the contract. In addition, service provider budgets attached to the contract did not contain all necessary funding sources – Federal, State, Program Income, Matching, and Non-Matching Contributions. As a result, the AAA is unable to accurately complete the required budgets for submission to CDA or compare actual expenditures to budgeted amounts.

Corrective Action: Ensure service provider contracts include funding amounts for each contracted service.

Corrective Action: Require service providers to submit a separate line item budget for each service category funded, beginning in Fiscal Year (FY) 2008/09.

Corrective Action: Ensure service provider budgets contain enough detail for AAA staff to complete all budgets submitted to CDA.

Specific Program Reports—Older Americans Act Programs

Title III B—Supportive Services (General)

Section 315(b)(4) of the OAA requires AAAs to ensure that its service providers provide each participant with an opportunity to voluntarily contribute to the cost of a service, but clearly inform each participant there is no obligation to contribute and the contribution is purely voluntary. Further, Section 315(b)(3) of the OAA prohibits AAAs and service providers from denying an OAA service to any individual who does not contribute to the cost of a service. The AAA does not have a voluntary contributions letter to distribute to participants that explains the requirements noted above.

Corrective Action: Develop a voluntary contributions letter for dissemination to Title III B program participants.

Title III B—Information and Assistance (I&A)

CCR Section 7529 states that each AAA shall have written procedures for I&A service providers to assist communities' older individuals during natural disasters, such as earthquakes or floods. CDA staff reviewed the disaster preparedness training manuals currently in use by Program Managers and I&A staff, and found minimal written procedures in place for use during natural disasters.

Corrective Action: Develop written procedures for I&A staff to assist older individuals residing within the PSA during natural disasters, such as earthquakes and floods.

CCR Section 7547(b) states that in addition to the training plan, all staff, both paid and volunteer, who work directly with older individuals shall be trained by the I&A Provider at least annually to handle emergencies, such as medical and natural disasters. CDA staff found that AAA staff are not trained annually.

Corrective Action: Ensure all paid and volunteer I&A staff who work directly with older individuals are trained by the I&A provider at least annually on handling emergencies such as medical and natural disasters.

CCR Section 7531(d)(2) states that the I&A providers and AAAs, resources allowing, may have printed I&A directories for public distribution which shall have a disclaimer statement informing the user that the directory may not be current after initial printing. The current I&A directory did not include this disclaimer.

Corrective Action: Include in the Elder Care Resource Guide a disclaimer statement informing the user that the resource guide may not be current after initial printing.

Title III C—Elderly Nutrition Program (ENP)

CCR Section 7638.11(a-d) specifies nutrition education shall be provided a minimum of four times per year to participants in Congregate and Home-Delivered Meal (HDM) programs. Nutrition education for congregate sites is defined as demonstrations, presentations, and lectures or small group discussions; all of which may be augmented with printed materials. A Registered Dietitian (R.D.) shall provide input, review, and approve the content of the nutrition education prior to presentation, and it should be based on the particular need of the Congregate and HDM participants. Additionally, an annual needs assessment shall be performed by the nutrition services provider to make this determination and a yearly written nutrition education plan shall be developed, implemented, monitored, and kept on file by the nutrition services provider as required in CCR Section 7636.7(c). Current nutrition education at the Merced County Community Action Agency (MCCAA) congregate sites was found to only be provided as written material on the back of monthly Senior Nutrition Project Cherish menus. Yearly written nutrition plans had been developed but were not reviewed or approved by a R.D. A review of the MCCAA nutrition education files found that an annual participant needs

assessment had not been completed for FY 2006/07. The MCCAA had been without an R.D. to conduct required duties, but recently hired an R.D. who has been out on extended leave.

Corrective Action: Ensure MCCAA conducts an annual nutrition education needs assessment of each participant and develops a yearly written nutrition education plan approved by a Registered Dietitian.

Corrective Action: Ensure MCCAA provides nutrition education through demonstrations, presentations, lectures, or small group discussions, which may be augmented with written materials.

CCR Section 7638.3(a)(2) and (3) states in part that a written assessment shall be done in the home within two weeks of beginning meal service and shall include an assessment of the type of meal appropriate for the participant in their living environment. An older individual eligible for HDMs shall be assessed for nutrition-related support services and referred as necessary. A review of the records revealed HDM participants were not assessed within two weeks of the beginning of meal service. CCR Section 7638.3(a)(4) requires that reassessment of need be determined quarterly. In addition, such reassessments shall be done at least every other quarter in the home of the participant. A review of HDM records identified that participants were reassessed one time per year instead of quarterly as required.

Corrective Action: Ensure MCCAA completes a written assessment within two weeks of participants beginning meal service and verifies and documents that all HDM clients are assessed quarterly to verify continued eligibility.

CCR Section 7636.1(b)(6) requires that each ENP shall, at a minimum, quarterly monitor for safe food handling and sanitation practices of food facilities. Quarterly inspections should be completed and documented by each program's R.D. and reviewed by the AAA R.D. during the annual monitoring of each service provider. CDA staff reviewed MCCAA records and found that quarterly kitchen or HDM route inspections were not being done.

Corrective Action: Ensure MCCAA monitors HDM routes quarterly for safe food handling and safe food practices.

Corrective Action: Ensure a Registered Dietitian conducts quarterly monitoring of the MCCAA central kitchen and nutrition sites.

CCR Section 7500(b) states in part that service providers shall not disclose any information about an older individual without the written consent of the individual and shall keep records in a secure, locked file or secure area to protect confidentiality of the records. A review of the Merced Cherish site found HDM participant intake forms kept

in an unlocked file cabinet. The Atwater Cherish site stored HDM participant intake forms in a manila file folder in the site coordinators office.

Corrective Action: Ensure confidential participant files at the Merced Cherish and Atwater Cherish sites are kept in a locked and secured cabinet or area.

CCR Section 7638.5(a) requires ENP meals to comply with dietary guidelines. The MCCA has been without a provider R.D. to update menus to meet current requirements. MCCA uses menus approved by the previous dietitian which do not reflect updates to the dietary guidelines and were found to be high in sodium. Program Memo 07-13 (P) "Elderly Nutrition Program Meals Compliance with Older Americans Act," issued June 14, 2007, contains information to assist service providers meet new menu requirements and assure compliance with Section 339 of the OAA.

Corrective Action: Ensure the AAA R.D. reviews and approves all nutrition service provider menus and verifies all meals provide one-third of the Dietary Reference Intakes (DRI).

The AAA R.D. is allotted only five hours per month to monitor the ENP. After review of the ENP, it was evident that the time allocated by the AAA for R.D. activities is not adequate to meet all program requirements specified in CCR Sections 7634.1 and 7634.3.

Corrective Action: Ensure adequate AAA Registered Dietitian staff time is allocated to the ENP.

CCR Section 7636.5(a) indicates that training, at a minimum, shall include food safety, prevention of foodborne illness, HACCP principles, accident prevention, instruction on fire safety, first aid, choking, earthquake preparedness, and other emergency procedures. A yearly written staff training plan shall be developed, implemented, and maintained on file by the nutrition services provider, and the service provider R.D. shall review and approve the content of all staff training prior to presentation as required by CCR Section 7636.5(b) and (c). MCCA staff and volunteer training did not include all required training topics. CDA staff could not find evidence that in the absence of the provider R.D., the AAA R.D. reviewed and approved staff in-service training. A training schedule for a seven-month period was created and sent to the AAA R.D. via email on July 27, 2007. The training schedule provided dates from January 19 – July 27, 2007, which did not reflect the full-year schedule. There was no documentation to validate that an R.D. had approved the training schedule. MCCA volunteers who attended in-service training did not provide feedback on the effectiveness of the training or suggest topics for future training sessions because there was no mechanism in place for evaluation.

Corrective Action: Ensure MCCA has an annual written training plan that is approved by the AAA Registered Dietitian.

Corrective Action: Ensure training for paid and volunteer ENP service provider staff includes, at a minimum, the following topics: food safety, HACCP principles, accident prevention, fire safety, first aid, choking, earthquake preparedness, and other emergency procedures.

Corrective Action: Ensure MCCA provides volunteers an opportunity to evaluate in-service training and maintains documentation of the evaluations.

CCR Section 7638.9(d) states in part that no eligible individual shall be denied participation because of failure or inability to contribute. CDA staff visited the Merced Cherish and Atwater Cherish sites and determined requests for donations did not contain all required language. The sign posted by the donation box noted a suggested meal donation of \$2.00 and a guest fee (under 60 years of age) of \$4.00. The MCCA menu noted the "Cost of the meals is based on Suggested Contributions of \$2.00 for Congregate and \$2.00 for Meals-on-Wheels." Additionally, the Project Cherish HDM participant suggested donation letter did not specify that no individual would be denied service because of failure or inability to contribute to the cost of the meal.

Corrective Action: Ensure that all requests for donations include a statement to clearly inform each participant there is no obligation to contribute and the contribution is purely voluntary.

CCR Section 7638.9(e) requires the service provider to ensure that the amount of the eligible participant's contribution is kept confidential. During a site visit to the Atwater Cherish site, CDA staff observed the donation box was not locked, change was made directly from the donation box, and the participant handed money directly to the volunteer.

Corrective Action: Ensure voluntary contributions collected at the Atwater Cherish site are placed in a locked box and kept confidential, and change is not made from the donation box.

California Retail Food Code (CRFC) 113980 in part specifies that all food shall be stored so as to be pure and free from adulteration and spoilage. CRFC 114047(b) specifies food shall be protected from contamination by storing food in a clean, dry location, where it is not exposed to splash, dust, vermin, or other forms of contamination or adulteration, and at least six inches above the floor. The food service industry standard provided in the ServSafe Coursebook, Chapter 7, The Flow of Food Storage, specifies that all foods should be wrapped properly and food removed from its original package. The package must be labeled with the name of the food being stored and its original use-by date or expiration date. Frozen foods should be kept in containers to

prevent freezer burn. CDA staff conducted a central kitchen inspection at MCCA and identified three areas of concern during a walk through of the freezer area. A box of vegetables was placed directly on the floor, an open plastic bag containing two breaded patties were stored on a wire shelf, and a metal pan covered with aluminum foil was not labeled or dated.

Corrective Action: Ensure MCCA staff labels and dates open food containers, stores open food items in appropriate freezer safe containers, and stores frozen food items six inches off the floor.

Senior Nutrition Farmers' Market Program (SNFMP)

7 CFR Part 249.7 specifies that racial and ethnic participation data be collected from all SNFMP benefit participants. A review of SNFMP coupon issuance logs identified race codes were not completed for all of the participants. A sample of 16 benefit participants found 10 participants did not have race codes identified.

Corrective Action: Ensure each participant's race code is entered on the SFMNP nutrition log.

Title III E—Family Caregiver Support Program (FCSP)

Sections 306(a) and 373(a) of the OAA require AAAs to prepare and develop an Area Plan for the comprehensive and coordinated provision of services, including a AAA's multifaceted system of FCSP services. This plan should be based on a services and resources gap analysis relating to existing and potential caregiver needs. FCSP-eligible "family caregivers" are **adults (18 years of age or older)** who are unpaid providers of care to an older individual or individual of any age with an Alzheimer's disease-related condition, as specified in Section 302(3) of the OAA. AAA staff acknowledged that the current needs assessment process and tool does not seek input on needs of caregivers under age 60. The AAA recently completed a Baby Boomer Survey where over 20% of the 704 respondents were under 60 years of age. However, in relation to FCSP, the tool asked the respondent "at age 60 how much of need" would there be for Caregiver Relief Services.

Corrective Action: Include input from eligible family caregivers under 60 years of age in the FCSP community needs assessment process.

Section 373(a) of the OAA states that FCSP funds shall be used to ensure services are available for family caregivers and **grandparents or older individuals who are relative caregivers**. Based on review of AAA documentation, it was not clear if the AAA planned to serve FCSP-eligible grandparents. The Area Plan and Budget did not identify that FCSP services would be provided to grandparents. However, the 2007 FCSP RFP included "grandparent" and "child" in the definitions for the Scope of Work. The single applicant did not request an exception to exclude serving grandparents. The agreement between the contractor and the AAA included grandparents under "Eligible Populations" for the Scope of Work. Finally, the AAA website informed the public that

its FCSP infrastructure would serve “grandparents and older individuals who are relative caregivers.” The AAA’s FCSP service provider stated services were not being provided to grandparents, but adjustments could be made if required by the AAA.

Corrective Action: Determine if grandparents or other older relative caregivers of a child will be served by the FCSP.

Section 373(b) of the OAA states that FCSP funds shall be used to ensure services are available within five service areas, including supplemental services, on a limited basis, to complement the care provided by caregivers. CDA allows the local AAA to determine the need to use federal funds as a catalyst for generating local service capacity within each of these five service categories, and then respond in Appendix VIII of the Area Plan of its intent. The AAA’s Area Plan identified its intent to expend FCSP funds within all five service areas. The AAA’s Service Unit Plan included units for Minor Home Modifications under the Supplemental Services category; however, the AAA’s Area Plan Budget did not include funding for this service. The 2007 FCSP RFPs included all FCSP-eligible services within the Scope of Work. The single applicant responded that it would provide “all of the services listed in the Scope of Work”, but did not include any Supplemental Services in its application. The FY 2006/07 monitoring report of Valley Caregiver Resource Center acknowledged the provision of Supplemental Services, but the AAA’s FY 2006/07 Area Plan Closeout did not include FCSP expenditures for Supplemental Services.

Corrective Action: Resolve FCSP Supplemental Service provision inconsistencies within the planning, procurement, and contracting processes.

Sections 372(b)(1) and 373(c)(2) of the OAA specify that when serving FCSP eligible caregivers or older adults, priority shall be given to: (a) caregivers providing care to individuals age 60 or older with a cognitive impairment, and (b) caregivers age 60 or older having the greatest social and economic needs. These OAA service priorities meet the intent of having FCSP respond quickly and effectively to prevent potential collapse of a fragile caregiver support arrangement, thereby preventing institutional placement and the potential spend down to Medi-Cal. The FCSP Self-Assessment Tool completed by the AAA identified that its FCSP service access system contained “no wait list, except for caregivers needing periodic respite.” The AAA’s FCSP service provider stated that an equal amount of FCSP Respite funds were allocated for each month. Once a month’s funds were committed, FCSP-eligible caregivers needing respite had to wait for the beginning of the next month. Such a policy could cause the unintended loss of an unpaid caregiving arrangement.

Corrective Action: Ensure service provider policies associated with the delivery of FCSP Respite Care do not unnecessarily place caregivers needing respite on “waiting lists.”

Section 373(e)(2) of the OAA requires that data is collected and maintained in order to evaluate and compare the effectiveness of services provided with Title III E funding for the AAA's array of FCSP services. Evaluation of performance data is particularly important for FCSP, which is still continuing a strong ramp-up after its first five years of implementation. The AAA submitted FCSP Annual Profile Reports to CDA for FY 2004/05 and FY 2005/06 that contained identical demographics for clients served during each of the two years. Both AAA and FCSP provider staff concurred that such data was not feasible.

Corrective Action: Evaluate and compare FCSP annual performance data to ensure validity and service effectiveness.

Title V—Senior Community Service Employment Program (SCSEP)

20 CFR Part 641.740 requires SCSEP projects achieve at least 80% of the combined Performance Measures goals. A review of the performance levels achieved for each of the four performance measures (placement, retention, participant service levels, and service to most-in-need) revealed two performance measures (participant service levels and retention of participants in unsubsidized employment) were below 80% of the goal. For FY 2006/07, the Merced County SCSEP achieved only 68% of the combined Performance Measures goals.

Corrective Action: Develop and submit a Corrective Action Plan by April 7, 2008, to address how performance goals will be achieved in FY 2007/08, specific to participant service levels and retention of participants in unsubsidized employment.

According to 20 CFR Part 641.565, participants must be paid for time spent in orientation, assessment, and development of their Individual Employment Plan. While reviewing the monitoring tool with the SCSEP Manager, CDA staff found that participants were not being paid during their participation in these activities.

Corrective Action: Ensure all Title V participants are paid for time spent in orientation, assessment, and development of their Individual Employment Plan.

According to 20 CFR Part 641.876, projects are required to expend all funds. Over the last two fiscal years, the AAA has returned 25% and 27% of the SCSEP State funds to CDA, respectively.

Corrective Action: Ensure funds are fully expended by fiscal year-end by analyzing SCSEP expenditures quarterly and adjusting program activities, as appropriate.

Specific Program Reports—Older Californians Act Programs

Health Insurance Counseling and Advocacy Program (HICAP)

The HICAP Program Manual, Section 106.13(a), states in part that Program Managers must submit a Community Educator Nomination Form stipulating that such persons are qualified to be HICAP General Community Educators, per the State Standards. The manual further clarifies that persons not registered as qualified General Community Educators shall not be allowed to provide HICAP General Community Education services. There are currently two Counselors at the AAA's HICAP providing General Community Education services who have not yet been registered with the State HICAP office.

Corrective Action: Ensure all Counselors providing General Community Education have met CDA requirements and are registered with CDA as General Community Educators.

Section 9541(f)(6) of the OCA requires applicants to sign a conflict of interest and confidentiality agreement as specified by the Department. CDA staff reviewed Counselor files and found that Conflict of Interest Statements signed by the HICAP Counselors were missing.

Corrective Action: Ensure all Counselor files contain a Conflict of Interest Statement.

CDA's HICAP Standard Agreement, Exhibit A, Article I (D) specifies that Eligible Service Population for HICAP Legal Services means Medicare beneficiaries, including Medicare beneficiaries by virtue of disability. In the AAA contract with their legal services provider the definition of clients eligible for HICAP legal services is unclear.

Corrective Action: Revise the Legal Services provider contract language to accurately reflect the eligible service population for HICAP Legal Services (i.e., Medicare beneficiaries, including Medicare beneficiaries by virtue of a disability).

Linkages

The Linkages Program Manual, Section 9, contains all requirements related to client case records. The Functional Grid form provides a space to include comments by the care manager for any rating above one (1) to address any assistance the client receives in the listed activities. The client chart reviewed did not contain information on assistance the client received on Activities of Daily Living/Instrumental Activities of Daily Living (ADL/IADL) with a rating above one (1).

Corrective Action: Include an explanation in the comment section of the Functional Grid for any rating above one (1).

During the Assessment and Reassessment process, clients may be asked to sign a Release of Information Authorization form so care managers can contact other care providers such as physicians, home health nurses, etc. The Linkages Program Manual, Section 5.A.3 states in part that staff will not have clients sign blank forms with the intent of filling in necessary information on an “as needed” basis at a later date. CDA staff discovered, in some cases, clients signed forms prior to completion.

Corrective Action: Complete the entire Release of Information Authorization form before a client is asked to sign the form.

Client charts are used to document the client progress or lack of progress and services provided to the client. Charts can be subpoenaed and used in hearings as official documentation of services. The Linkages Program Manual, Section 9, requires clean corrections to keep the client’s record accurate and keep staff legally protected and specifies that white out or correction tape should not be used in the charts. CDA staff found improper correction of errors in a client chart.

Corrective Action: Ensure “white out” is not used in client charts to correct errors. Errors must be crossed out, dated, and initialed.